

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

5. Respondent is aware of each of his rights, including the right to a hearing, the right to confront and cross-examine witnesses who would testify against Respondent, the right to testify and present evidence on his own behalf, as well as to the issuance of subpoenas to

1 compel the attendance of witnesses and the production of documents, the right to contest any  
2 charges and allegations, and other rights which are accorded Respondent pursuant to the  
3 California Administrative Procedure Act (Gov. Code, §11500 et seq.) and other applicable laws,  
4 including the right to seek reconsideration, review by the superior court, and appellate review.

5           6.       In order to avoid the expense and uncertainty of a hearing, Respondent  
6 freely and voluntarily waives each and every one of these rights set forth above. Respondent  
7 hereby agrees to surrender Physician's and Surgeon's Certificate No. G 89416.

8           7.       Respondent understands that by signing this Stipulation he is enabling the  
9 Board to accept the surrender of his license without further process, as provided by section  
10 11415.60(b) of the Government Code.

11           8.       Upon acceptance of the Stipulation by the Board, Respondent understands  
12 that he will no longer be permitted to practice as a Physician and Surgeon in California, and also  
13 agrees to surrender and cause to be delivered to the Board both his license and wallet certificate.

14           9.       Respondent hereby represents that he does not intend to seek relicensure  
15 or reinstatement as a Physician and Surgeon. Respondent fully understands and agrees, however,  
16 that if Respondent ever files an application for relicensure or reinstatement in the State of  
17 California, the Board shall treat it as a Petition for Reinstatement, and the Respondent must  
18 comply with all the laws, regulations and procedures for reinstatement of a revoked license in  
19 effect at the time the Petition is filed. Case Report No. 800-2018-048085, including all  
20 referenced attachments and other exhibits, and any additional attachments, and other exhibits,  
21 that may be generated subsequent to the filing of the surrender of license, shall be admissible as  
22 direct evidence, and any time based defenses, such as laches or any applicable statute of  
23 limitations, shall be waived when the Board determines whether to grant or deny the Petition.

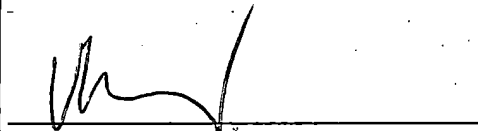
24           10.      Respondent understands that this document may be disclosed to the  
25 public, and/or the National Practitioner Data Bank and/or the Federation of State Medical  
26 Boards.

27 ///

28 ///

ACCEPTANCE

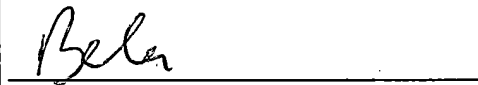
I, Vikas Kashyap, M.D., have carefully read the above Stipulation and enter into it freely and voluntarily, with the full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. G 89416, to the Medical Board of California. By signing this Stipulation for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California, and I also will cause to be delivered to the Board both my license and wallet certificate.



Vikas Kashyap, M.D.

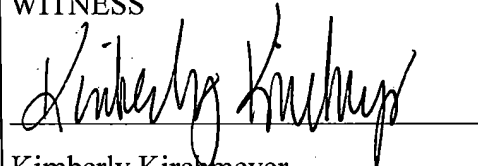
Respondent

4/26/19 2/6/19  
Date



WITNESS

2/6/19  
Date



Kimberly Kirchmeyer  
Executive Director  
Medical Board of California

March 6, 2019  
Date

# **EXHIBIT A**



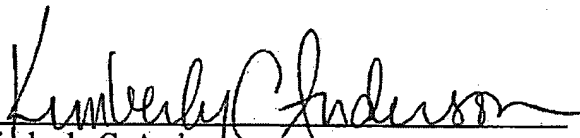
State Medical Board of  
**Ohio**

30 E. Broad St., 3<sup>rd</sup> Floor  
Columbus, Ohio 43215  
(614) 466-3934  
[www.med.ohio.gov](http://www.med.ohio.gov)

**CERTIFICATION**

I hereby certify that the attached August 8, 2018, Voluntary Permanent Retirement from the Practice of Medicine and Surgery is a true and complete copy as it appears in the records of the State Medical Board of Ohio in the Matter of **Vikas Kashyap, M.D.**

This certification is made by authority of the State Medical Board and on its behalf.

  
\_\_\_\_\_  
Kimberly C. Anderson  
Chief Legal Counsel

(SEAL)

September 29, 2018  
Date

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
VOLUNTARY PERMANENT RETIREMENT  
FROM THE PRACTICE OF MEDICINE AND SURGERY**

**Do not sign this agreement without reading it. An individual who permanently retires a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.**

I, Vikas Kashyap, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Vikas Kashyap, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon the last date of signature below.

I, Vikas Kashyap, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, #35.055836 to the State Medical Board of Ohio [Board].

I understand that as a result of the surrender herein I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.055836 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Voluntary Permanent Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Vikas Kashyap, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. I, Vikas Kashyap, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

I stipulate and agree that I am taking the action described herein in lieu of further investigation into a possible violation pursuant to Section 4731.22(B)(19), Ohio Revised Code.

**EFFECTIVE DATE**

It is expressly understood that this Voluntary Permanent Retirement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below. Further, I specifically acknowledge that the electronic transmission of a scanned or photostatic copy of any executed signature to this

**MEDICAL BOARD**

**JUL 23 2018**

Voluntary Permanent Retirement, upon being received by the Board, shall be deemed to have the full legal force and effect as the original.



VIKAS KASHYAP, M.D.

7/23/18

DATE

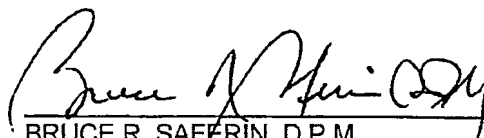


KIM G. ROTHERMEL, M.D.

Secretary

8-8-18

DATE



BRUCE R. SAFERIN, D.P.M.

Supervising Member

8-8-18

DATE



ANGELA M. MCNAIR

Enforcement Attorney

7/25/18

DATE

MEDICAL BOARD

JUL 23 2018